

EXHIBIT 2



Globe Family Services Trust • Underwritten By Globe Life And Accident Insurance Company • Oklahoma City, OK

Check
OneEnrollment For - ☐ \$5,000, ☒ \$10,000 or ☐ \$20,000 Life Insurance

1. Name Velma Middle Brooks
2. Sex ☒ M ☐ F 3. Birthdate REDACTED
4. Street Address REDACTED Apt. —
- Tele. Number REDACTED
- City Atlanta State Ga. Zip Code 30318
5. Name of Beneficiary DAUTHER-SHERION MOON
6. Relationship DEBORAH LEWIS - DAUTHER

7. Is the Proposed Insured currently disabled due to illness, committed to a hospital, nursing facility or does the Proposed Insured require the use of a wheelchair? YES NO ☐ ☒
8. In the past 3 years, has the Proposed Insured had or been treated for:
- (a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver? ☐ ☒
- (b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes? ☐ ☒
- (c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive on an AIDS related blood test? ☐ ☒
9. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery? ☐ ☒
10. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment? If yes, list company name and address of existing insurance on reverse side. ☐ ☒

I AM ENCLOSING THE INITIAL PREMIUM AND UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL BECOME EFFECTIVE ON THE DATE THIS ENROLLMENT IS APPROVED IN THE ADMINISTRATIVE OFFICE OF GLOBE LIFE AND ACCIDENT INSURANCE COMPANY. Should the enrollment be declined, the amount paid will be refunded.

DATE 1-24-2003

Velma Middle Brooks
APPLICANT - OWNER SIGNATURE

This enrollment with check or cash should be mailed in the return envelope enclosed.
Make check payable to Globe Life And Accident Insurance Company.

Form 4857(10)

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